Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-27-08</u>	Address:	<u>CR 1400E</u>
Case #:	<u>14-37732</u>		1/2 mile N of US 24
County:	White		Burnettsyille, In
Operation	aboratory Seizure (check one) onal Lab cal/Glasswate/Equipment (only) ite (only)	Scizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open — No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Aumonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: open air			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia;			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: open air			
Corrosiye Base:			
Other (item and location):			
ς,			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Othericitizen tip 	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Monticello	Fax: <u>574-583-5136</u>	
Health Department: White		Fax: <u>574-5</u> Fax:	
Child Prote	ction Service: N/A		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer; Holeman Phone 765-567-2125			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.